

respectively, with a median survival time, calculated from the date of metastasis and last follow-up or death, of 29.8 months.

**Conclusion:** These data suggest that stereotactic ablative radiotherapy (SABR) is a safe, non-invasive and effective option in the treatment of liver metastases.

#### EP-1274

**Prognostic factors of gastric cancer treated with adjuvant radiochemotherapy**

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**Purpose or Objective:** The aim of this study was to investigate the outcome and prognostic factors for patients with locally advanced gastric cancer (LAGC) treated with adjuvant radiochemotherapy, according Macdonald scheme.

**Material and Methods:** Between May 2004 and October 2014, a total of 106 patients, 70 men and 36 women, with locally advanced gastric cancer were treated in the University Hospital 12 de Octubre, Spain. The mean age was 57 years. The mean follow-up was 96.48 months. The most common tumor location was antrum (29.25%). The majority of tumors were T3 (52.83%) or T4 (22.64 %) and 86.79 % had nodal metastases, with an average of 8.24 nodes involved. Predominant histological subtype was diffuse (43.4%) and poorly differentiated (grade 3, 50%). Complete resection (R0) was achieved 84.91%, whereas microscopic residual disease (R1) was found in 13.21%. Survival was calculated by Kaplan-Meier and method and differences were assessed by the Log-rank test. Multivariate analysis was used Cox proportional hazards regression model.

**Results:** A total of 50 (47.16 %) patients relapsed; 16 (15.09%) locoregional, 13 (12.26%) peritoneal, 18 (16.98%) distant metastases and 3 (2.83%) unknown. The overall survival (OS), disease-free survival (DFS), locoregional failure-free survival (LFS) rates to three years were 48.75%, 46.27% and 76.72% and to five years were 32.11%, 38.78%, 69.67% respectively. In univariate analysis, T stage (T1-T2), N negative stage and R0 resection were associated with better survival ( $p < 0.05$ ) for OS and only N negative stage for DFS and LFS. In the multivariate analysis identified only R0 resection as an independent predictor of better survival ( $p < 0.05$ ) for OS and DFS.

**Conclusion:** In this study, the prognostic factors associated with better survival in patients with LAGC treated with adjuvant radiochemotherapy were: T stage (T1-T2), N negative stage and R0 resection ( $p < 0.05$ ). Complete R0 resection also can be considered as independent prognostic factor of better survival ( $p < 0.05$ )

#### EP-1275

**Influence of pretreatment blood parameters on the outcome of gastric cancer patients.**

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**Purpose or Objective:** Activation of coagulation and fibrinolysis are found among gastric cancer patients. The

ones with non-metastatic gastric cancer are at risk for thrombotic events due to the combined increase in fibrinogen plasma levels and thrombin formation. It could be associated with a higher risk of local invasion and might be important poor predictive and prognostic factor. In our study, we sought the associations between blood parameters and outcome

**Material and Methods:** The study examined eighty-nine patients with biopsy-proven, operable gastric adenocarcinoma, with no evidence of distant metastases. Pre-operative fibrinogen, PT, APTT and INR levels were measured before surgery. Complete blood count were also collected before initiation of therapy. All patients underwent surgery as a primary treatment. The survival function was computed using Kaplan-Meier method. The overall survival (OS), Disease-free survival (DFS), time to distant metastases (DM) and locoregional control (LRC) were calculated from the date of surgery. Multivariate analyses and characteristic (ROC) have been done.

**Results:** In Multivariate Cox analysis higher level of WBC was associated with worse local control ( $p=0.0024$ ), and shorter overall survival ( $p=0.0035$ ). Shorter Prothrombin Time was correlated with better overall survival ( $p=0.0280$ ). Higher Fibrinogen level has caused better local control ( $p=0.0280$ ). No other correlation between DFS, LRC, DM and OS and other blood parameters were observed in multivariate analyses.

**Conclusion:** The level of White Blood Cells, Fibrinogen and Prothrombin Time were found to be useful prognostic factor which influenced overall survival and local control. However, further prospective investigations are necessary to assess the predictive value of those factors.

#### EP-1276

**Stereotactic robotic body radiotherapy for patients with unresectable hepatic oligometastases.**

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**Purpose or Objective:** To evaluate the feasibility, efficacy and toxicity of robotic SBRT for the treatment of unresectable hepatic oligometastases.

**Material and Methods:** Between 09/2010 and 01/2013, 15 consecutive patients (12 female, 3 male, median age at treatment: 70.5, range: 57-85 years) with up to 3 synchronous or metachronous hepatic oligometastases were referred for Cyberknife treatment (Accuray Incorporated, Sunnyvale, CA) at our center. In order to enable tumor tracking, gold fiducial markers were inserted around the lesion 2 weeks prior to each treatment. The treatment was delivered using the Synchrony Respiratory Tracking System to continuously track fiducial position and adjust for respiratory motion during treatment. Treatment planning was performed using the Multiplan TPS (v4.6, Accuray) with Raytracing algorithm, and was retrospectively recalculated using a Monte Carlo dose calculation algorithm (v5.1). The primary endpoint of this study was local control (LC), assessed with either contrast enhanced spiral CT or MRI. Secondary endpoints were liver and distant progression free-survival (liverPFS and DFS), overall survival (OS) and treatment toxicity, evaluated using the Common Terminology Criteria for Adverse Events v4.0. (Institute NC, NIH publication 2009). Statistical analysis was performed using R software (3.1.1, R Development Core Team 2010).

**Results:** A total of 20 metastatic lesions were treated from primary colorectal (7), breast (7), unknown primary (3), melanoma (2) and stomach (1) cancer. The mean GTV and PTV volumes were 23.8cc (Standard deviation (SD):23) and 74.5cc (SD:45.3) respectively. All treatments were delivered 3x/week in a median three fractions (range: 3-6) to a median dose of 45 Gy (range: 30-45), prescribed to the 80% isodose line. This corresponds to an equivalent 2-Gy dose of 93.75Gy,